

CHRONIC TOXICITY SUMMARY

AMMONIA

(Anhydrous ammonia; aqueous ammonia)

CAS Registry Number: 7664-41-7

I. Chronic Toxicity Summary

<i>Inhalation reference exposure level</i>	200 mg/m³ (300 ppb)
<i>Critical effect(s)</i>	Pulmonary function tests or subjective symptomatology in workers
<i>Hazard index target(s)</i>	Respiratory system

II. Physical and Chemical Properties (HSDB, 1994; 1999)

<i>Description</i>	Colorless gas
<i>Molecular formula</i>	NH ₃
<i>Molecular weight</i>	17.03 g/mol
<i>Density</i>	0.7710 g/L @ 0°C
<i>Boiling point</i>	-33.35° C
<i>Vapor pressure</i>	7510 torr @ 25°C
<i>Solubility</i>	Soluble in water, alcohol, and ether
<i>Conversion factor</i>	1 ppm = 0.71 mg/m ³

III. Major Uses or Sources

This strongly alkaline chemical is widely used in industry as a feed stock for nitrogen-based chemicals such as fertilizers, plastics and explosives (ATSDR, 1990). Ammonia is also used as a refrigerant. The general public is exposed by off-gasing from cleaning solutions containing aqueous ammonia. Household ammonia solutions contain 5-10% ammonia in water while industrial strength can be up to 28%. The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 21,832,909 pounds of ammonia (CARB, 1999).

IV. Effects of Human Exposures

Comparisons were made between 52 workers and 31 control subjects in a soda ash plant for pulmonary function and eye, skin and respiratory symptomatology (Holness *et al.*, 1989). The pulmonary function tests included FVC (forced vital capacity – the total amount of air the subject can expel during a forced expiration), FEV₁ (forced expiratory volume in one second), FEF₅₀ (forced expiratory flow rate at 50% of the FVC) and FEF₇₅ (forced expiratory flow rate at

75% of the FVC). Age, height, and pack-years smoked were treated as covariates for the comparisons. The workers were exposed on average for 12.2 years to mean (time-weighted average) ammonia concentrations of 9.2 ppm (6.4 mg/m³) \pm 1.4 ppm, while controls were exposed to 0.3 ppm (0.21 mg/m³) \pm 0.1 ppm. No differences in any endpoints (respiratory or cutaneous symptoms, sense of smell, baseline lung function, or change in lung function over a work shift at the beginning and end of a workweek) were reported between the exposed and control groups.

Groups of human volunteers were exposed to 25, 50, or 100 ppm (0, 17.8, 35.5, or 71 mg/m³) ammonia 5 days/week for 2, 4, or 6 hours/day, respectively, for 6 weeks (Ferguson *et al.*, 1977). Another group of 2 volunteers was exposed to 50 ppm ammonia for 6 hours/day for 6 weeks.

Group	Exposure	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
A	ppm NH ₃ hours	25 2	50 4	100 6	25 2	50 4	100 6
B	ppm NH ₃ hours	50 6	50 6	50 6	50 6	50 6	50 6
C	ppm NH ₃ hours	100 6	50 4	25 2	25 6	50 4	100 2

Pulmonary function tests (respiration rate, FVC and FEV₁) were measured in addition to subjective complaints of irritation of the eyes and respiratory tract. The difficulty experienced in performing simple cognitive tasks was also measured, as was pulse rate. There were reports of transient irritation of the nose and throat at 50 or 100 ppm. Acclimation to eye, nose, and throat irritation was seen after two to three weeks (in addition to the short-term subjective adaption). No significant differences between subjects or controls on common biological indicators, in physical exams, or in performance of normal job duties were found. After acclimation, continuous exposure to 100 ppm, with occasional excursions to 200 ppm, was easily tolerated and had no observed effect on general health.

V. Effects of Animal Exposures

Rats were continuously exposed to ammonia at 0, 25, 50, 150, or 250 ppm (0, 18, 36, 107, or 179 mg/m³) ammonia for 7 days prior to intratracheal inoculation with *Mycoplasma pulmonis*, and from 28 to 42 days following *M. pulmonis* exposure (Broderson *et al.*, 1976). All exposures to ammonia resulted in significantly increased severity of rhinitis, otitis media, tracheitis, and pneumonia characteristic of *M. pulmonis* infection, therefore 25 ppm was a LOAEL in this subchronic study. Exposure to 250 ppm ammonia alone resulted in nasal lesions (epithelial thickening and hyperplasia) which were not like those seen in *M. pulmonis*-infected rats.

The growth of bacteria in the lungs and nasal passages, and the concentration of serum immunoglobulin were significantly increased in rats exposed to 100 ppm (71 mg/m³) ammonia over that seen in control rats (Schoeb *et al.*, 1982).

Guinea pigs (10/group) and mice (20/group) were continuously exposed to 20 ppm (14.2 mg/m³) ammonia for up to 6 weeks (Anderson *et al.*, 1964). Separate groups of 6 guinea pigs and 21 chickens were exposed to 50 ppm and 20 ppm ammonia for up to 6 and 12 weeks, respectively. All species displayed pulmonary edema, congestion, and hemorrhage after 6 weeks exposure, whereas no effects were seen after only 2 weeks. Guinea pigs exposed to 50 ppm ammonia for 6 weeks exhibited enlarged and congested spleens, congested livers and lungs, and pulmonary edema. Chickens exposed to 200 ppm for 17-21 days showed liver congestion and slight clouding of the cornea. Anderson and associates also showed that a 72-hour exposure to 20 ppm ammonia significantly increased the infection rate of chickens exposed to Newcastle disease virus, while the same effect was observed in chickens exposed to 50 ppm for just 48 hours.

Coon *et al.* (1970) exposed groups of rats (as well as guinea pigs, rabbits, dogs, and monkeys) continuously to ammonia concentrations ranging from 40 to 470 mg/m³. There were no signs of toxicity in 15 rats exposed continuously to 40 mg/m³ for 114 days or in 48 rats exposed continuously to 127 mg/m³ for 90 days. Among 49 rats exposed continuously to 262 mg/m³ for 90 days, 25% had mild nasal discharge. At 455 mg/m³ 50 of 51 rats died. Thus 127 mg/m³ (179 ppm) is a subchronic NOAEL for upper respiratory effects in rats. Coon *et al.* (1970) also found no lung effects in 15 guinea pigs exposed continuously to 40 mg/m³ (28 ppm) ammonia for 114 days.

VI. Derivation of Chronic Reference Exposure Level

<i>Study</i>	Holness <i>et al.</i> , 1989 (supported by Broderon <i>et al.</i> , 1976)
<i>Study population</i>	52 workers; 31 controls
<i>Exposure method</i>	Occupational inhalation
<i>Critical effects</i>	Pulmonary function, eye, skin, and respiratory symptoms of irritation
<i>LOAEL</i>	25 ppm (Broderon <i>et al.</i> , 1976) (rats)
<i>NOAEL</i>	9.2 ppm (Holness <i>et al.</i> , 1989)
<i>Exposure continuity</i>	8 hours/day (10 m ³ /day occupational inhalation rate), 5 days/week
<i>Exposure duration</i>	12.2 years
<i>Average occupational exposure</i>	3 ppm for NOAEL group (9.2 x 10/20 x 5/7)
<i>Human equivalent concentration</i>	3 ppm for NOAEL group
<i>LOAEL uncertainty factor</i>	1
<i>Subchronic uncertainty factor</i>	1
<i>Interspecies uncertainty factor</i>	1
<i>Intraspecies uncertainty factor</i>	10
<i>Cumulative uncertainty factor</i>	10
<i>Inhalation reference exposure level</i>	0.3 ppm (300 ppb; 0.2 mg/m ³ ; 200 µg/m ³)

The Holness *et al.* (1989) study was selected because it was a chronic human study and was published in a respected, peer-reviewed journal. It is also the only chronic study available. The USEPA (1995) based its RfC of 100 µg/m³ on the same study but included a Modifying Factor

(MF) of 3 for database deficiencies. The criteria for use of modifying factors are not well specified by U.S. EPA. Such modifying factors were not used by OEHHA.

For comparison with the proposed REL of 200 $\mu\text{g}/\text{m}^3$ based on human data, we estimated RELs from 2 animal studies. (1) Anderson *et al.* (1964) exposed guinea pigs continuously to 50 ppm (35 mg/m^3) ammonia for 6 weeks and observed pulmonary edema. Use of an RGDR of 0.86 and a cumulative uncertainty factor of 3000 (10 for use of a LOAEL, 10 for subchronic, 3 for interspecies, and 10 for intraspecies) resulted in a REL of 10 $\mu\text{g}/\text{m}^3$. Staff note that the nearly maximal total uncertainty factor of 3000 was used in this estimation. (2) Coon *et al.* (1970) exposed rats continuously to 127 mg/m^3 ammonia for 90 days and saw no signs of toxicity. Use of an RGDR(ET) of 0.16 for nasal effects (observed in rats exposed to higher levels of ammonia in Broderson *et al.* (1976)) and a cumulative uncertainty factor of 100 (3 for subchronic, 3 for interspecies, and 10 for intraspecies) resulted in a REL of 200 $\mu\text{g}/\text{m}^3$.

VII. Data Strengths and Limitations for Development of the REL

Significant strengths in the ammonia REL include (1) the availability of long-term human inhalation exposure data (Holness *et al.*, 1989), (2) the demonstration of consistent effects in experimentally exposed human volunteers following short-term exposures (Ferguson *et al.*, 1977), and (3) reasonable consistency with animal data (Coon *et al.*, 1970).

Major areas of uncertainty are (1) the lack of a NOAEL and LOAEL in a single study, (2) a lack of animal data with chronic exposure and histopathological analyses, and (3) difficulties in estimated human occupational exposures. The overall database for this common chemical is limited.

VIII. References

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